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## \*BIBDATASHEET\*

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Bib Data Sheet

|                             |                                       |              |                        |                                    |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>10/699,672 | FILING DATE<br>11/04/2003<br><br>RULE | CLASS<br>600 | GROUP ART UNIT<br>3727 | ATTORNEY DOCKET NO.<br>61051-60006 |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/426,415 11/15/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/03/2004

|   |  |                        |                       |                            |
|---|--|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>CA  | SHEETS<br>DRAWING<br>6 | TOTAL<br>CLAIMS<br>39 | INDEPENDENT<br>CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | Verified and Acknowledged<br>Examiner's Signature _____ Initials _____ |                        |                       |                            |

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## TITLE

Carrying case for portable electronic device

|                                    |   |   |
|------------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>1242 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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